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Play While You Nurse

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Early in the fall of 1936, the Children's Memorial Hospital of Montreal instituted as a branch of its nursing service a new department called Recreational Therapy. Its chief function is to educate the nursing staff to the use of play as a means of facilitating nursing procedure and to create, through play with the children, the normal environment to which every child is entitled. The human organism has a way of responding to the familiar in a given situation and we have found that play, because it is a normal part of every child's daily life and is therefore familiar, tends to release visceral tensions set up by fear and nostalgia and serves to orient the newly-admitted child to his strange smelling and foreboding environment, the hospital.

A concrete example of the use of play with newly admitted and preoperative patients may be cited from Ward M, an eight-bed ward to which children are admitted bi-weekly for tonsillectomies. Upon admission the children are met by the play therapist, or a nurse carrying a colorful target, or perhaps the faithful monkey (a hand puppet). As soon as faces and hands have been washed and the children put to bed, play of an active sort begins and is continued until supper, or until a doctor arrives on the scene. After supper, and until bedtime, the nurse while completing the bathing procedure continues the play with simple intellectual games such as "I spy" or "Imaginary hide and seek".

Early the next morning the children are mummied in blankets with "one hand out" and are seated upon tables just out of sight of the operating room, and are played with up to the moment of departure. One morning the following conversation was overheard: "Ain't it funny, nurse, I came to the hospital to have my tonsils out and here I am teaching you a song . . ." "Ah . . . let's play that game again—you know the one—One finger, One thumb keep moving . . I've been thinking about it all night . . ."

"Oh! nurse . . . does it hurt when your

Tonsillectomy without tears

tonsils come out? My ma said they cut them out with a big knife, but they give you something to go asleep with first . . . will I be sure to wake up again, nurse?" Come on let's play that game—One finger, One thumb—Say, here comes that man again! Is it my turn to go? Well, I guess we can play it again after I come back . . . .

"André's gone . . . my turn next I guess . . . Say nurse, where's your monkey? My friend Jim had his tonsils out here, too, and he said you had a monkey. Ah . . . bring it down after, will you?"

What a refreshing contrast this lively conversation is to the cries of terrified youngsters! One of our student nurses who spent some time on this ward says:

> During my stay on this ward I found play of great value. While waiting for their turns to have their tonsils out I kept the children amused with fast-moving games such as bean bag target, flapjacks, etc. First one would go and then another but the children were so interested that they hardly noticed it. Later on during convalescence, when longing for home and mother, a story with action would soon gain their interest.

Whether we utilize play as in the above instance as a therapeutic tool for dealing with psychic shock, or whether we employ it more subtly as an educative and sociological force, is dependent upon the situations with which we are confronted. In any case it is well for those of us who are dealing with children to keep in mind the fact that we humans are primarily social beings, interacting constantly with an everchanging environment, and that we learn through doing—that is, acting in a situation. Most of the children who remain in the hospital over long periods of time are deprived of the opportunities afforded the well child who is up and about and into things. We, who stand in the places of the mothers and fathers of these children during their period of hospitalization must, therefore, see that they are nourished not only physically but socially, emotionally and imaginatively as well.

Because a child is handicapped physically does not mean that his mind and imagination must stay in bed, too. Yet this seems to be the case in many instances. It is appalling to find how little these "long timers" know of the common every-day experiences of life. It is rarely that their imaginations range beyond the narrow confines of the ward

Solving a brain twister

"Is this the right one?"

itself. One day a volunteer in the play department was telling the story of Cinderella to a group of children and, when she came to the part where Cinderella was arrayed for the ball, the children said: "Oh Miss K., we know what Cinderella wore . . . it was a red dress, a white cape and carriage boots". Miss K. was somewhat taken aback and, after she had finished the story hour, mentioned the incident to the ward supervisor who confessed that she had visited the ward one evening attired in her red evening dress, white wrap and carriage boots. It seemed that the children has asked many questions about where she wore that funny dress and why. "Well, if it is called an evening dress, why didn't she wear it in bed?" "Where is her bed anyhow?" "Does she live on a ward and have a nice warm utility room to dress in?" "Does everyone have evening dresses?" The upshot of the matter in the minds of the children was that the nurses who wear uniforms by day must wear this gala attire at night—therefore when Cinderella went to the ball in evening dress she must necessarily have worn a red dress, white cape and carriage boots.

It is only with the help of the entire nursing body that we can hope to enrich the lives of these children, and it is for this reason that an attempt has been made to give all our students and postgraduates a few tools with which to work by means of a preliminary course in play therapy. This course is designed to give a practical working knowledge, through actual use, of the range of play activities (without elaborate equipment) which can be carried on during the ordinary nursing routine. The course consists of eight class periods devoted to a study of finger plays, nursery rhymes, tricks, riddles, puzzles, tongue-twisters, simple intellectual games, folk-singing games, pencil and paper games, songs, poems, stories and story acting, and highly socialized dramatic play.

During these class periods the nurses actually play the games themselves, not only that they may become familiar with them but also that they may gain some measure of confidence in order to combat that feeling of self-consciousness which seems to be the obstacle encountered by so many adults in their dealings with children. Each nurse is expected to carry on as much play, simultaneously

"Come and play!"

with the nursing routine, as is possible on her ward each day.

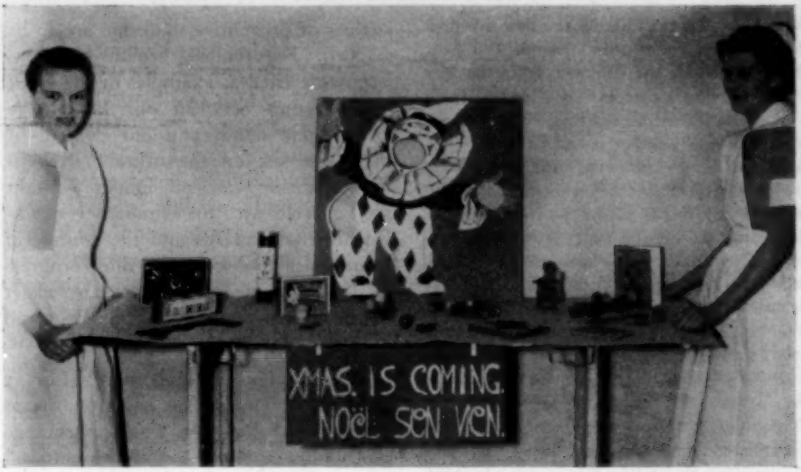
One nurse tells us that she had as a patient a young boy who hated to be wakened in the morning to have his bath and that the only way she could overcome this was with play! "When I got him in the tub I always started playing simple intellectual games with him, such as "I spy", and immediately he responded. Soon the difficulty with his bath was overcome." Another nurse says: "One night, on ward A, two older patients were keeping the place in such an uproar that one could hardly think much less continue the routine work of the ward. One of the offenders was asked to read a story aloud and this was met by a chorus of approval from the others but the lad was too shy when it came to anything like *that!* However, in a few minutes he was persuaded and the ward was quiet except for his voice going on and on for the remaining hour before the lights went out . . . while the children all drifted quietly to sleep."

On the balcony

In this hospital the full responsibility for a well balanced daily play programme does not rest upon the nurse's shoulders alone. The play therapist, with the aid of a corps of volunteers, plans and executes upon each ward a full play hour each day. During this hour, group activities with or without equipment are stressed in an effort to overcome that feeling of isolation that even the physical barrier of a bed tends to create. The department has been the grateful recipient of many such gifts as bingo games, anagrams, dominoes, checkers, dolls, paints, clay, crayons and other things too numerous to mention, which have proven to be a tremendous aid in establishing rapport between players who do not even speak the same language.

Most of our children have never seen "nice games like the Hospital's got" before, and play, lest it prove destructive, must be carefully supervised. Indeed it was not uncommon to note, in the early days of this department's existence, that the toys which were brought to the children by their parents on Sunday were utterly demolished by Wednesday of the same week. As it was observed that these toys were for the most part poorly constructed and were nearly always of a mechanical nature, several displays of toys more suitable to hospital play were held during visiting hours. Some of these consisted of toys that could be made at home or that could be purchased for the price of fifteen cents or under. The parents seemed much interested and often asked whether the toys on display could be purchased. In a number of cases the parents now seem to be bringing the toys suggested by these displays.

Play in a hospital as entertainment is, after all, not a new idea; but the use of group play as a means to an end rather than as an end in itself, is a fairly recent


XMAS. IS COMING.
NOËL SEN VIEN.

Good ideas for Christmas presents

development. In other hospitals play therapy has proven itself an invaluable aid in solving many problems and in this hospital we have found play to be the best medium through which to gain whole hearted co-operation. We hope that in time no nursing service will consider itself complete that does not include play in its daily curriculum, for only the other day a little boy was overheard to remark: "Oh! nurse, I wish you was my mother . . . 'cause you can tell stories so good—and nurse, you *do* know how to play with kids"!

New Freedom

On October 29, the second graduation exercises of the University of Toronto School of Nursing were held before a large audience in West Hall, University College. Dr. H. J. Cody, President of the University, presided.

In her report of the past year the director, Miss E. K. Russell, announced that this was the seventeenth class to complete the one-year public health course, the ninth class to complete the one-year course in hospital staff work, and the second class to complete the new three-year course of full nursing training in preparation for public health nursing. In presenting the graduating class in the three-year course Miss Russell said in part:

> This course has been organized to meet a developing need of the public health field, that is, the need for nurses with an increasing adequacy and economy of preparation for this branch of nursing which is expanding so rapidly.
>
> There is danger that the word "new" had been used too freely in speaking of the three-year course. There is nothing really new about any one of the constituent parts that make up the whole. Every bit of the training is present, in some degree, in one or more of the best nursing schools in the country. It is only that there is, here, new arrangement and new emphasis, and that

these are made possible by the new freedom that has been given this School. We hear such remarks as the following: "Is the new course proving a success?" or "Do you think it is going to be successful?" or "We are waiting to see whether it can be successful." After all, these remarks are idle. Some students who take the course might fail because they might not be the right type for the work; or we, the instructors, might fail because we might be inadequate. Time will take care of any such difficulties if they occur. But the form of training, the course itself cannot be a failure, for there is nothing unproven about it. It is merely a combination of certain principles of nurse training (thoroughly approved by the nursing profession at large), with principles of good educational procedure that have long been accepted in the field of general education. True, there are many details that must be tried and tested and re-arranged and altered, before a feeling of moderate content will emerge. But even during these earliest days of adjustment, the students' interests are being carefully protected. . . Though even this little School itself might fail for lack of adequate resources, yet in the new training course for public health nursing, the School has started something which must go on.

Dr. J. G. FitzGerald, Director of the School of Hygiene, University of Toronto, who has recently returned from a year's study of the teaching of hygiene and preventive medicine in medical schools on this continent and in Europe, under the auspices of the International Health Division of the Rockefeller Foundation, addressed the graduating classes. Pointing out that in public health there are no national boundaries, but, on the other hand, much that makes for international solidity and agreement, Dr. FitzGerald outlined briefly the need for research and study by all interested if the objectives of preventive medicine are to be reached. Tuberculosis, syphilis and malaria were cited as examples of the great gaps existing between our knowledge on the one hand, and our control of these diseases, on the other. "Preventive medicine can no longer content itself merely with the elimination of environmental hazards and the control of communicable disease, but must progress to development and perfection of exact methods of promoting physical and mental health."

Dr. FitzGerald said that in many European countries he had met nurses guiding and directing health work who had spoken appreciatively of the inspiration and practical preparation for their work received during their period of study at the University of Toronto School of Nursing.

The names of the nine students who received diplomas in nursing and in public health nursing are: Marion Tresidder, Isobel Hobbs, Naomi Woodcock, all of Toronto; Elizabeth MacLean, Ottawa; Katharine Plaunt, Sudbury; Helen McRorie, Watford; Gene Weber, London; Marion Ross, Vancouver; Margaret MacLachlan, Cornwall. All of these students have chosen the public health field, and all go to positions almost immediately. In addition certificates were awarded to 64 graduate nurses who had completed one-year courses in public health nursing or in hospital staff work. Of this latter number two were from Mexico, one from Panama, one from Nicaragua and three from Greece. Following the exercises a reception was held at the School which was attended by about four hundred people.

D. M. P.

Towards Peace

Last summer the fourth Triennial Conference of the Pan-Pacific Women's Association was held in Vancouver. The Canadian Nurses Association was represented by Miss Christine Murray, who is instructor of nurses in the Provincial Royal Jubilee Hospital, Victoria, B.C. These excerpts from her official report give a vivid picture of a remarkable conference.

At the Fourth Conference the general theme was "Practical ways and means of promoting peace". There were representatives from eight countries, namely, Australia, China, Hawaii, Japan, New Zealand, the Philippine Islands, the United States, and Canada. The accredited delegates numbered over one hundred. In addition there were four honourary delegates; Miss Kathleen Courtney, of London, England, who had been Chairman of the Women's International League for Peace for some years, Mrs. John Davidson, of Toronto, Mrs. Hamber, the wife of the Lieutenant-Governor of British Columbia, and Mrs. George Black, M. P. for Yukon Territory. Mrs. Induk Pak, of Korea, was a special guest of the Canadian Committee.

The opening session was a very colorful affair, the exquisite tints of a profusion of flowers blending with the costumes of the Orient and Occident. Miss Mary L. Bollert, Dean of Women in the University of British Columbia, welcomed the visitors to Canada and in the course of her address said: "We are under no illusions. History, however, has shown that great ideas do, in the long run, come to fruition. Our great idea is that the reign of reason will some time replace the reign of force. To that end we are looking, helping ourselves with study to a growth of international understanding."

Mrs. Tsune Gauntlett, of Tokyo, then gave her presidential address. She observed that the members of the Conference were aware of their objective but had not yet acquired the technique or in many cases the good will to reach it. The attainment of peace requires effort and merely talking peace is not enough. "There is need of an entire change in the mentality of all nations. We need a new heart, free from envy, distrust, hatred, and fear. We must first educate ourselves and our children to look upon other nations with more tolerance, to take more interest in their affairs and to make friends with their people." Mrs. Gauntlett stressed the fact that this is an age of interdependence and that we are living in an inescapably unified world. Miss Courtney pointed out that the paradox of this generation is that man seeks peace yet everywhere prepares for war. The problem is to find a way out of this contradiction. Peace demands international co-operation but today there is a definite return to the practice of isolation and attempted self-sufficiency. There must be a readiness to make sacrifices of national prestige and privilege for the sake of international appeasement. Political and economic co-operation must go hand in hand.

Subsequent meetings took the form of open lectures, round table discussions, and forum sessions. The topics for discussion included: youth movements for peace; traffic in arms; traffic in women and children; socialized health; labour standards; population pressures; development of public opinion on peace and other questions; adjustments of education to meet changing social and economic relationships.

The round tables were open to delegates only and so the groups were small and enjoyed great freedon of discussion. There was no desire to conceal facts but rather a wish to avoid antagonizing governments by public reference to conditions in their respective countries. Few resolutions or decisions were made but questions were debated and information exchanged and then the findings were reported at the forum sessions.

The round table on youth movements for peace found that the methods and organization in all Pacific countries are similar. Few countries have youth movements organized primarily for the cause of peace but in many instances peace is one of the objectives. Traffic in arms was discussed along the lines suggested by Dame Rachel Crowdy who unfortunately was unable to attend.

Reports from the round table indicated a definite trend toward national control of armaments, but with nationalization there must be international control also.

Discussion on the traffic in women and children was opened by an outline of the work of the permanent advisory committee to the Council of the League of Nations on white slave traffic and prostitution. This committee has fought for better protection for women immigrants and heavier penalties for those who live on the immoral earnings of others. The round table report shows that the chief causes of the traffic are poverty and ignorance. In one country, a Women's Society loans money to needy families so that there should be no need to sell their daughters. In another the problem is being handled by an efficient staff of policewomen. It was agreed that only through the education of society and the individual and by the improvement of social and economic conditions can the traffic be effectively prevented.

The subject of socialized health was introduced by Dr. Nadina Kavinoky, a physician and supervisor of mother's clinics under the Los Angeles County Health Department, who spoke frankly and pleaded for a more courageous stand on all health problems. Dr. Kavinoky presented a graphic picture of the havoc wrought by the social diseases and urged an active, progressive programme of prevention.

Discussion on the development of public opinion revealed that the same methods of disseminating information on peace, through the press, radio broadcasts, films, drama, folk lore, etc., are used in all countries although each has its own characteristics and terminology. It was noted that peace programmes should be better planned, that more women should be active in the various organizations working for peace and that the formation of study groups is an important factor, since through them an informed public opinion could be developed. Reports from the group considering educational adjustments show that changes in the educational system are taking place in every country. Special attention is being paid to vocational guidance, the exceptionally bright child, the asocial and dull child, to adult education, and to the unemployed.

The new executive of the Pan-Pacific Women's Association consists of the president, Dean M. L. Bollert (Canada); vice-presidents: Mrs. Tsune Gauntlett (Japan); Mrs. Beveridge (Australia); Mrs. Lu (China); Mrs. Lawson (U.S.A.); honorary secretary, Miss Keenleyside (Canada); honorary treasurer, Miss Brown (Hawaii). The next conference is to be held in New Zealand.

OBITUARY

BOTTRILL — The death occurred on November 2, 1937, at the Royal Victoria Hospital, Montreal, after a long illness, of Mrs. David Bottrill (Nursing Sister Gretchen Reichenbach). Mrs. Bottrill's overseas service was given at Number 2, Canadian General Hospital and in Casualty Clearing Hospitals in France as well as in Taplow, England. She was a life member of the Canadian Legion and was very active in that organization. She is survived by her husband who also served overseas with the Australian Air Force.

DERBY — The death occurred suddenly in Durham, Ontario, on October 7, 1937, of Miss Jean Derby, a graduate of the School of Nursing of The Groves Memorial Hospital, Fergus, Ontario, and a member of the Class of 1913. For sixteen years Miss Derby gave devoted service as a member of the staff of the Toronto branch of the Victorian Order of Nurses for Canada.

PITTS — The death occurred on September 30, 1937, at the West Coast General Hospital, Port Alberni, B. C., of Florence May Pitts. Miss Pitts was a graduate of the School of Nursing of the Cornwall General Hospital, Cornwall, Ontario.

THE EDITOR'S DESK

Peace on Earth

It seems fitting that the Christmas number of the *Journal* should carry with it a message of peace. The celebration of Armistice Day, the account of the international conference of the Women of the Pacific countries, the report of the activities of our national Committee for Enrolment all strike the same chord. Let us be proud that it is our high privilege as nurses to bring healing to friend and foe alike and that even in the black heart of war itself we may seek and find the Peace that passeth all understanding.

"Maids of Athens"

The *Journal* is indebted to Miss A. Messolora, director of the Hellenic Red Cross Hospital in Athens for the gay picture of a Christmas celebration which appears as the frontispiece. Miss Messolora attended the I.C.N. Congress held in Montreal in 1929 and several of the graduates of the School of Nursing have undertaken post-graduate work in Canada. Look at the picture and you will see why Lord Byron sang the praises of the lovely Maid of Athens.

A Correction

In the November issue of the *Journal* the statement was made, in error, that Miss Inga Johnson, recently appointed matron of Dr. Robertson's Hospital in Flin Flon, was formerly matron of the Icelandic Old People's Home at Gimili. This unfortunate mistake was due to the fact that two nurses, bearing the same name occupy, respectively, the positions mentioned above. Our most sincere apologies are tendered to both of them.

Readers' Guide

The complaint is sometimes made that nurses do not manage children well. Miss Alice Burkhardt, who is the recreational therapist at the Children's Memorial Hospital in Montreal, tells us how to play while we nurse. △ The Victorian Order of Nurses is noted for the excellence of its teaching methods. Miss Marion Nash, educational director of the Montreal branch tells us about these "Links in a chain". The charming photographs which illustrate this article were taken by a member of the V.O.N. staff, Miss J. Whiteford, who has recently been transferred from Montreal to Saskatoon. △ Mr. Colin E. Henderson, of the Macmillan Company, recently wrote us a sizzling letter in which he says that a sick friend of his, while competently cared for, was bored to tears by the vapid conversation of his nurse. "Outside of nursing, the poor girl hasn't an idea in her head" is the way the patient put it. This stirred us to action and "Conversational burrs" is the outcome. Much too polite and restrained, we think. We like the letter better. △ In this issue we publish the conclusion of Miss Elaine Patterson's excellent nursing study of diabetes. We have not seen a better example of the integration of preventive and curative aspects of nursing. △ Under the caption of "New Freedom" you will find a clear statement about the School of Nursing of the University of Toronto. We should be proud (and we are) that in Canada we have one School of Nursing which exists for the sole purpose of teaching.

Twice Blest

May we suggest that you might give great pleasure to a friend by simply filling out the little green card which is tucked away in this number? This is a Christmas gift which is twice blest. Your friend will bless you—and so will we!

VICTORIAN ORDER OF NURSES

Miss Josephine Riley has been appointed to our Winnipeg staff.

Miss Mariette Bouchard has been appointed to our Sherbrooke staff.

Miss Agnes Whittaker has been appointed to our York Township staff.

Miss Helen Snedden has been transferred from our Saskatoon branch to the Montreal staff. Miss Jean Whiteford has been transferred from the Montreal staff and will replace Miss Snedden as nurse-in-charge of the Saskatoon branch.

Miss Anna MacKenzie has been transferred from the position of nurse-in-charge of the Liverpool, N.S., branch to Sydney, N.S., where she will be in charge. Miss Christine Charter has been transferred from the Halifax staff to the position of nurse-in-charge of Liverpool, N.S., replacing Miss MacKenzie.

Miss Grace Ewing and Miss Laurette LeBeau have been appointed to the Ottawa staff.

Miss Edna Pearl Harvey has been appointed temporarily in charge of our Lunenburg, N.S., branch, replacing Miss Muriel Hunter who will be transferred and will take charge of our newly opened Woodstock, New Brunswick, branch.

Miss Kathryn Porteous has resigned from our Sherbrooke branch and is on leave of absence from the Victorian Order. Miss A. G. Nicolle has resigned from the Toronto staff and is on leave of absence from the Victorian Order. Miss Flora Macdonald is on leave of absence from the Calgary branch of the Victorian Order.

Miss Ruth Sheldon has been appointed temporarily to the Calgary staff.

Miss Beulah Scott has resigned as nurse-in-charge of our Barrie branch and on November 15 reported as nurse-in-charge of our St. Catharines branch. Miss Irene Lawson has been transferred from the York Township staff and will replace Miss Beulah Scott as nurse-in-charge of the Barrie branch.

Miss Anna Chumak has resigned from the Guelph staff and is on leave of absence from the Victorian Order. Miss Dorothy Driffield will replace Miss Anna Chumak on the Guelph staff.

Miss Edna Osborne has resigned from the Ottawa staff and on November 15 reported as nurse-in-charge of our Sherbrooke branch, replacing Miss Margaret Grieve, who has been transferred to the York Township staff.

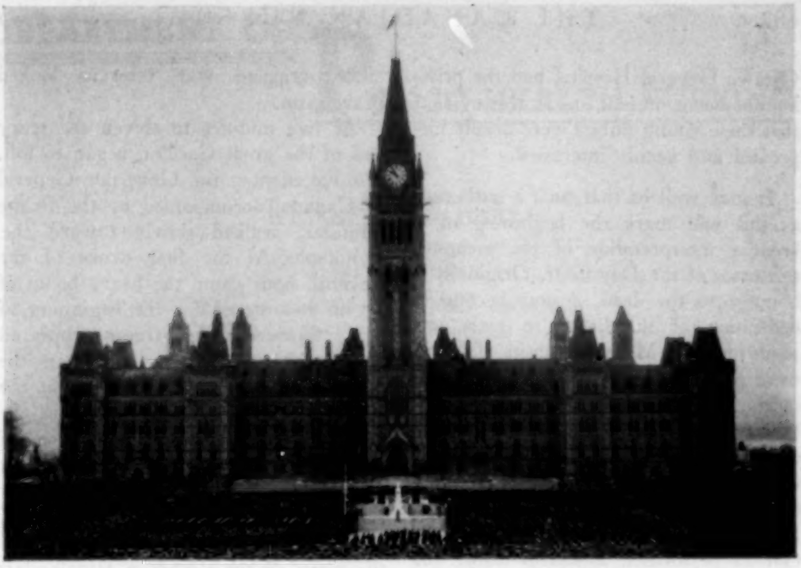
Miss Muriel Tait reported as nurse-in-charge of our newly opened Owen Sound, Ontario, branch on November 1.

The following four nurses have been granted leave of absence from the Victorian Order to take courses in public health nursing: Miss Edith Hill and Miss Helen O'Meara, at the University of Toronto; Miss Amy Holden and Miss Helen Robson at the University of Western Ontario.

QUEBEC ANNUAL MEETING

The eighteenth annual meeting of the Association of Registered Nurses of the Province of Quebec will be held on February 7 and 8, 1938. The programme committee, with Miss Katherine MacLennan as convener, has made tentative plans, and although the arrangements are not yet quite complete it is already apparent that the occasion will be of outstanding interest. The ninth floor of the Mount Royal Hotel in Montreal (including the ballroom and convention hall) has been reserved and will furnish an admirable setting for what promises to be an unusually interesting occasion. A business session will be held on the first afternoon, and on the second afternoon arrangements will be made for separate and simultaneous round tables held for the French and English membership respectively. Both evening meetings will, as usual, be given over to outstanding speakers, one French evening and one English evening. It is probable that a request will be received for permission to arrange the usual special session for religious Sisters at l'Hôtel-Dieu de Saint-Joseph.

Full details, including the names of the speakers, will appear in the January issue.



In the Shadow of the Peace Tower

In the bright sunshine of a crisp November morning the customary ceremonies of Armistice Day took place on Parliament Hill, in a setting of matchless beauty. This year the day of remembrance seemed to take on a new and deeper significance, perhaps because of the apprehension, shared by the people of many lands, that the peace of the entire world may be in grave danger.

Nurses have, of course, shared in this act of devotion in previous years, but upon this occasion they participated to a greater extent than ever before. We owe this privilege primarily to the Ottawa units of the nursing branch of the Canadian Legion and of the Overseas Nursing Sisters Association. The Canadian Nurses Association, through its official representative, Miss Gertrude Garvin, also gave its hearty co-operation. Miss Elizabeth Smellie acted as an unofficial liaison officer, with the natural result that the carefully planned arrangements were carried out with the dignity and precision which the occasion demanded.

As every Canadian nurse is aware, a beautiful Memorial to the Nursing Sisters who gave their lives in the Great War has an honoured place in the Hall of Fame of the Parliament Buildings. At the appointed hour, a group of nurses, previously assembled in an adjoining corridor, filed quietly past this Memorial and took their places in a semi-circle before it. Among them were the appointed representatives of the Overseas Nursing Sisters Association, the nursing branch of the Canadian Legion, and the Canadian Nurses Association. Every hospital and public health nursing service in Ottawa was represented, as were the various Alumnae and District associations. The class presidents of the student bodies of the Schools of Nursing of the Ottawa Civic Hospital and of the

Ottawa General Hospital had the privilege of being present and it was evident that these young nurses were deeply impressed and keenly interested.

It may well be that such a gathering as this will mark the beginning of a broader interpretation of the meaning to nurses of the Day itself. Originally a homage to the dead, it may become a dedication of the living to high and noble ideals. Many. exquisite flowers were placed beneath the pure gleaming marble of the Memorial. Those given by the Overseas Nursing Sisters Association and the nursing branch of the Canadian Legion were placed in position by Miss Blanche Anderson and Miss Hamilton, respectively. Miss Gertrude Garvin performed a similar office on behalf of the Canadian Nurses Association.

The Rev. Channell Hepburn, formerly a chaplain of the Canadian Legion, offered prayer and gave the Benediction. After the Honorable Cairine Wilson had spoken with deep feeling of the spirit of nursing as exemplified by the Memorial itself, the nurses left the Hall of Fame to attend the ceremony in the open air. Two military nursing sisters, Miss Gertrude Halpenny and Miss Daugherty, both wearing the familiar uniform of the C.A.M.C., were members of the Guard of Honour before the Cenotaph itself.

Looking down from a high window of the Parliament Buildings a few minutes before eleven o'clock, the scene below was full of colour and movement. Into a hollow square marched the various military, naval and air force units. Beneath the Peace Tower a military band softly played appropriate music. To the right, patiently waiting, was a group of men, women and children carrying wreaths. From an ambulance, crippled war veterans looked gravely on.

At five minutes to eleven the tenor bell of the great Carillon began to toll. His Excellency, the Governor General of Canada, accompanied by the Prime Minister, walked slowly toward the Cenotaph. At the first stroke of the eleventh hour came the heavy boom of a gun — a signal for the beginning of The Silence. The troops appeared frozen into immobility and even the bright banners hung motionless in the still air. A solemn hush fell upon the crowd. It was as though time itself stood still. Then the silence was rent asunder by the bugles, sounding the Last Post and, as the echoes died away, there came the wailing of a lament as the pipers of the Cameron Highlanders paced up and down, forward and back, playing "The Flowers of the Forest". Suddenly, from the high balcony of the Peace Tower, the trumpeters of the Royal Canadian Air Force sounded the Reveille and the strong current of life flowed on again.

As the strains of the National Anthem ended, a little group of nurses, including the representatives of the Overseas Nursing Sisters Association, the nursing branch of the Canadian Legion and the Canadian Nurses Association, hastened back to the Hall of Fame and once more took their places in front of the Memorial. In a few minutes the brisk tread of the military escort was heard and His Excellency the Governor General, accompanied by The Lady Tweedsmuir, paused for a moment before the Memorial. From Parliament Hill came the gay music of the "march past" and above it could be heard the laughter and shouting of children. But the abiding peace which dwells in the Memorial remained unbroken. The spirit of nursing is there enshrined. It is holy ground.

DEPARTMENT OF PUBLIC HEALTH NURSING

Links in a Chain

MARION E. NASH

Educational Director, Victorian Order of Nurses for Canada, Montreal Branch

When you meet your Victorian Order Nurse in the street what does she symbolize for you? Do you know anything of her interesting days that promise an adventure around every corner, or of the delight with which she steps forth into a cool, crisp, autumnal morning; her pleasure in the new faces, grave and gay, young and old, weak and strong, which weave a bright pattern in her memory book; the long stairs so valiantly climbed to face the unopened door; the wise but kindly word so tactfully spoken; the skillful, gentle hands that bring solace to the one in pain; the shoulders that sag under the weight of the faithful black bag; the kind and understanding heart that beats beneath the demure exterior, clothed in its plain blue dress? Unless you know something of these things you realize little of what life holds for the three hundred and fifty nurses who walk up and down this vast Dominion, clothed in the uniform and insignia of the Victorian Order of Nurses.

The Victorian Order Nurse must be young in mind and spirit and fortunately the nature of her work keeps her eternally alive in the best sense of the term. She has so many things to learn, to see and to do that her mind, constantly growing and expanding, has no time to grow rusty, or her spirit to dull. Sound in health, vigorous in mind, fired with the desire to serve, and possessed of a good academic and professional education, the young nurse is ready to begin her life work. Many applicants are university graduates; others have specialized in some particular branch of nursing, still others have had experience in wider fields. One nurse on the Montreal staff was educated for and practised as a dental surgeon in another land and, in the past few years, all appointees have qualified as public health nurses at one of the Universities either in Canada or in the United States. Because these young women are unusually well educated they realize that life is a great school in which education has but just begun and that they will continue to be learners all the days of their lives.

The adjustments that any young nurse is called upon to make when she enters the public health field are many and various. She must know how to improvise equipment; she must help with the bewildering and ever present problem of making one dollar do the work of three; she must endeavour to counteract the devastating discouragement that destroys morale. She must, in the course of a single day, adapt herself and her teaching to comfort and poverty, to ignorance and stupidity, to knowledge and intelligence.

Some of the nursing schools throughout Canada are now making a great effort so to educate the student that from the very beginning of hospital life she will learn to visualize her patients in their home setting. As a result, she comes to look upon the hospital as an indispensable factor within the community, acting upon and in turn being affected by the forces which make for the health and welfare of that community, or the reverse as the case may be. An interesting picture of one such pioneer effort appears in the November issue of *The Canadian Nurse*, where, in an article entitled "Getting on with our Knitting", Miss Esther Lewis explains briefly and concisely how she is planning to help her students to develop a better understanding of their responsibility for personal and community health by utilizing the educational resources which are common to most large hospitals.

"We don't call this cold in Quebec"

However, even when the nurse enters the new field with this background of preparedness there is still much to learn and like a good soldier she accepts the challenge and is alert to find ways and means to make life for the families in her district something happier and better than they have previously known. An article on budgetting prepared by two members of our staff will appear in a later issue of the *Journal* and will give some idea of the nurse's procedure in the home and will also serve to demonstrate how the nurse organizes her experiences and shares them with others in her group.

Realizing that the young staff nurse needs help and counsel, that all nurses must needs keep their scientific knowledge up-to-date, and that the older nurse requires stimulation and encouragement, the Victorian Order gives thought to how this can be accomplished. Opportunity is afforded for nurses to observe the work of other Visiting Nurse Associations, to attend institutes, conferences of allied groups, lectures and meetings. Reading is made available through new books and magazines, and a supervisory service brings to the lone nurse, or small group, news and stimulation from the large medical centres. In Montreal, our staff education programme is looked upon as a legitimate part of our service and the district supervisor considers her teaching responsibility to be equally important as her administrative duties. In this paper I will attempt to demonstrate how we endeavour to meet the nurses' demand for the type of stimulus that will promote development, raise nursing standards and enhance the value of the service offered to the community.

Miss Margaret Moag, superintendent of this district of Greater Montreal, not

Miss Margaret Moag at her desk

only directs the work of the Branch but is personally known to and beloved by every member of her staff. She is responsible to her Board of Governors for the quality and quantity of the nursing and educational services rendered to the people in their own homes. She is also responsible for the health, happiness and educational growth of the large professional group, composed of 66 nurses, engaged in giving this service. However, it is clearly impossible for Miss Moag personally to undertake all that is involved in such a task, and to the supervisory staff is delegated the responsibility for promoting and putting into practice a programme that will meet the needs of the community and the staff.

The plan or organization is extremely simple and most democratic. The city is subdivided into six large areas in each of which is located a district office presided over by a district supervisor. These large areas are further broken up into smaller territorial units and these units are, in turn administered by a staff nurse. Each individual nurse assumes responsibility commensurate with her ability and experience and subject to the general policies of the organization as interpreted by the superintendent and her supervisors in council. All requests for service pass by way of the supervisor to the staff nurse, who plans her work for the day, reports unusual happenings to the supervisor, consults her when necessary, holds telephone consultations with doctors or other agencies and leaves in the office a written record of the day's assignment before going out into her district.

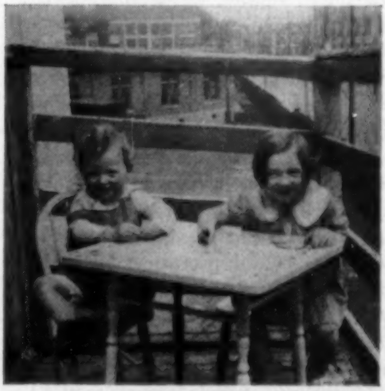
The supervisor plans to visit with the staff nurse as often as the need of the patient or nurse would appear to demand it, that is, she endeavours to visit all very ill patients, all patients cared for over a long period of time, and any family whose social or health situation is such that the nurse or family might reasonably profit by more expert advice. Home visits with the nurse have an appraisal value and are used to evaluate the staff nurses' work and as a basis for individual and collective staff conferences.

The superintendent meets weekly with her supervisory staff. District problems and educational plans are discussed and supervisors return to their

Talking it over

districts refreshed and stimulated. Once monthly during the winter months, superintendent, supervisors and staff nurses meet in the administration building. The superintendent, Miss Moag, presides at this staff meeting and some topic of general interest is presented for discussion. Usually guest speakers are invited to address these meetings, the technical content of such lectures being frequently used later to stimulate discussion or supplement the subject matter of district conferences. Each district supervisor holds a bi-monthly conference with her group of staff nurses and in the fall, after consideration of the needs and interests of her own group, presents to her staff a tentative plan for study. After discussion, one or two main topics are decided upon and the programme for the coming months is organized around these central themes.

For the past two years, the mental and physical health of the child throughout the various developmental periods has been one of the major subjects under consideration. More and more, nurses are realizing the great opportunities afforded them as parent educators, and the increasing burden of responsibility born of such opportunity. Other groups, such as teachers and social workers, are looking to the nurse to accept this responsibility which they consider rightfully hers. She it is who has the entry to the normal home and who senses the situation before a complication arises or while the problem is still in the manageable stage. An interesting example of such a situation occurred not long ago. Mrs. B.'s second baby was born prematurely and required considerable attention. The irregular habits and frequent illness of baby No. 1 became quite irksome and when the child developed troublesome feeding and sleeping habits the mother was quite disturbed. After some time, Mrs. B. realized that by following the nurse's teaching in the care of the premature infant excellent progress had been made, and being intelligent she perceived that the basic principles were the same, and could, with a little patience, be applied to the régime of the spoiled, older child. When John was 17 months old we found both children playing in a safe improvised outdoor play pen. Sister looks mischievous but healthy and happy. A wise nurse, timely advice, an intelligent mother — and small Mary



John and Mary

is saved many unhappy and unhealthy moments.

To prepare for and conduct conferences requires hours of preparation on the part of the educational director, the supervisors and the staff nurses and would be a time-consuming and sterile task if it did not result in a more worthwhile service to the community. These conferences afford the nurses opportunity for constructive group thinking. Through these meetings the staff learns to share successes and failures, to analyze and discuss situations objectively, to exchange specialized knowledge, to recognize strength, and to be tolerant of weaknesses. This brief hour, preceded as it is, by a social cup of tea is looked forward to as a period of mental and physical refreshment.

The supervisor's influence, while most important, should not be too obvious. Her function is to help and encourage rather than to take a major part. The conference plans, programme and leadership should be the responsibility of the staff with guidance from the supervisor. She should be available for individual conferences, should suggest readings, and make sure that literature is available in order that the nurses may be saved waste time and irritation. Change is all about us and the nurse must continually eat from the tree of knowledge if she would know truth and spead it throughout the homes of our land. The links in our chain are so fashioned that they hold many precious stones which require continuous burnishing to keep them clear and shining.

(*To be continued*)

ONTARIO DEPARTMENT OF HEALTH

To develop and carry out a programme of after-care for poliomyelitis cases, the Ontario Society for Crippled Children has added to its staff, two public health nurses, Miss Gene Clark, Hospital for Sick Children, University of Toronto Public Health Nursing course, 1929-30, and Miss Marjorie Rutherford, Victoria Hospital, London and University of Western Ontario Public Health Nursing course, 1933. Both nurses have been granted leave of absence for one year from their respective posts as public health nurse in Paris, and staff nurse, Ontario Department of Health, Alexandria.

Miss Jessie F. Smith, Toronto General Hospital, University of British Columbia Public Health Nursing course, 1934, has resigned as public health nurse in Penetanguishene and is engaged to continue the work in Paris.

Miss Jean Aikenhead, Victoria Hospital, London, and University of Western Ontario Public Health Nursing course, 1931, has joined the nursing staff of the Ontario Department of Health. She is stationed at Alexandria.

Miss Margaret Walker, Victoria Hospital, London, and University of Western Ontario Public Health Nursing course, 1935-36, has been appointed public health nurse for St. Marys.

Miss Kathleen Walker, St. Joseph's Hospital, and summer course in School Nursing, 1931, has been appointed to the staff of York Township School Board for one year, Miss Evelyn C. Hood having been allowed leave of absence to take the University of Toronto, School of Nursing, public health course.

Miss Emma Ross Graham has resigned her position as public health nurse in Bowmanville; she has been succeeded by Miss Gertrude Tucker, Oshawa General Hospital, University of Western Ontario Public Health Nursing course, 1937.

Mrs. S. C. Reddon, Edward Sparrow Training School, Lansing, Michigan, and University of Toronto Public Health Nursing course, 1926, has been appointed to do school nursing on a part-time basis in the public school, Leaside.

APPOINTMENTS

Miss Rahno M. Beamish has recently been appointed superintendent of the General and Marine Hospital, Owen Sound. Miss Beamish is a graduate of the School of Nursing of the Toronto Western Hospital and holds the certificate in administration in schools of nursing conferred by the McGill School for Graduate Nurses. For the past seven years she has served as assistant superintendent of nurses in the Toronto Western Hospital. Positions previously held afforded her experience in teaching, public health nursing and private duty so that she is exceptionally well qualified for her new task. Miss Beamish has always been actively interested in nursing organizations. For three years she was president of her Alumnae Association and for two years served as Chairman of District 5, R. N. A. O. She is now secretary of the Nurses' Section of the Ontario Hospital Association.

Rahno M. Beamish

Miss Pearl Morrison has been appointed superintendent of the Toronto Hospital for Incurables, an institution which now has 400 patients. Until recently, Miss Morrison was superintendent of nurses in the Sibley Hospital, Washington, D. C., where she rendered excellent service. She is a Fellow of the British College of Nurses and holds the certificate conferred by the American Hospital Association in connection with the course given in administration under its auspices. Miss Morrison served overseas with the C. A. M. C during the Great War and subsequently was appointed superintendent of nurses in the McKellar General Hospital, Fort William. Her many friends welcome her back to her native Canada and wish her all success in the important task she has undertaken.

Miss Agnes E. Pederson has been appointed acting superintendent of nurses at the Medicine Hat General Hospital, Medicine Hat, Alta.

Miss Louise Lore has recently been appointed public health nurse and social worker for the Vancouver Chinese Health League. Miss Lore is one of the first Chinese nurses to graduate from the School of Nursing of the Vancouver General Hospital. She has also taken the course in public health nursing offered by the Department of Nursing and Health of the University of British Columbia.

Conversational Burrs

Colin E. Henderson

Oliver Wendell Holmes has a delightful couplet which runs:

"When caught in conversational burrs,
Don't strew your pathway with those dreadful urs".

Everyone at some time or other has experienced the annoyance of plucking from her garments the sticky spines of these irritating botanical specimens. Nearly everyone has experienced the sense of futility in conversation arising from the reiterated "er-er" of the nervous or ill-informed conversationalist. Must it be added that nearly everyone is guilty of having been at some time or other the annoying party in the conversation.

The real reason for the hesitation expressed by such interpolations is either a lack of vocabulary or an absence of ideas on the subject under discussion, but whatever the reason the annoyance is undisputed. The significance of the matter for the nurse can hardly be overestimated. She has undergone a long and arduous training to acquire certain skills and technique in order to fit herself to become the medium of communication between the doctor and the patient, to interpret the science of medicine in terms of the art of human understanding, or in more simple language, to open the pathway along which the patient may find the way to health according to the general plan laid down by the physician. But, in order to accomplish her task, it is obvious that she must be able to open and keep unhindered the pathway from her mind to that of the patient.

Inasmuch as the patient may be anybody from hobo to highbrow, from millionaire to mountebank the need for a wide human culture and interest becomes immediately apparent. "But", replies the nurse, "you have already pointed out that I have received a special training and must needs keep in touch with the advancements within my special field and thus I am marked as a specialist giving a specialized service." True—that is your explicit task, but there are surely two kinds of specialists.

On the one hand there is the type that makes a high barrier of her specialty to keep the world from her door and herself from contact with life beyond its confinement, and on the other hand is the type that builds her specialty as a splendid archway in life's architecture between whose pillars she may have inspired and inspiring commerce with mankind. Surely of all people the nurse must ally herself with the latter.

Fine sentiments perhaps, but what of their practical application—how can this broad background of culture be acquired in the busy life of a nurse? First and foremost by real interest in people: you meet plenty of them in divers circumstances and conditions; study them. What makes A. so queer and B. so cold and hard, and why do we warm to C. at once and dislike D.

on sight? That surely is the real job of a nurse who would do her work with human sympathy and tact, and how many "queernesses" she will discover to be the result of mental suffering, and how much "coldness" due to the lack of warmth in others will she find as she goes about amongst her people!

The second necessity in cultivating our background is reading about people and things. But so many are "not keen about books"; others are "too tired", and others "would love to but have simply no time". From all those who with one accord begin to make excuses we do ask a few moments of serious consideration.

The world in which we live embraces two great concepts and only two — the concept of time and the concept of space. When man's consciousness emerged or evolved to the point at which he felt the need of communication with his fellows he had perforce to invent some means of translating his thoughts and feelings in terms that would embrace these concepts and express them intelligently.

Man's first achievement was to invent sharply outlined sounds by means of vowel and consonant which enabled him to summon up for himself and his hearers certain individual and distinct objects. D-o-g, for example, brings to our mental perception an animal sharply differentiated from c-a-t, or even from h-o-g, by using conventional combinations of sound symbols which have come to mean entirely different things. But still these sounds are purely "time" symbols leaving no permanent record. Julian Huxley in his Essays of a Biologist has written a beautiful sonnet about birds, which he closes with an exquisite line, "A winged emotion in the sky, the birds through an eternal present fly".

The next step then was to invent some sort of spatial symbols that would interpret the "time" symbols and interpret them *after* their echoes had died. It was this need that led to the formation, through long experiment and infinite effort, of language, — the means by which the space-time world could be brought within our mental perception. Let us consider, for example, such a simple sentence as "The dog trots down the road". We perceive the dog and the road together in a single mental picture. Now, with a simple inflection this may be changed. "The dog trotted down the road"; the road is there but the dog has vanished beyond our sight — the record of his presence is preserved only in our language. We know of his passage along the road only because we have been able to fix the time event by means of spatial symbols.

Are we seriously prepared to declare that we are not interested in matters of such tremendous import to our human life? That we are content to live in "an eternal present" as the birds? That we are willing to pass over the entire record of human and humanizing experience because "we have no time"? Surely such expressions become the mouthings of futility when we press them to their logical conclusion!

Some things about which people have written do not interest us — that is true, but other things *must* or we sink below the level of human achievement.

If our "specialty" is to hedge us about so securely that we cannot reach beyond it we shall presently qualify for inclusion in the cynical definition that a specialist is "one who knows more and more about less and less", and the last step will be easy and we shall join the charmed circle of those who know absolutely everything about nothing at all.

A Nursing Study of Diabetes

ELAINE PATTERSON
Undergraduate Student, The School of Nursing of the University of Toronto.

Editor's Note: The first part of this study was published in the November number of the *Journal* and is here concluded.

On March 18, the surgeon advised opening the toe, which was drained, the patient having first been made easy with morphia gr. 1/6 and atropine gr. 1/150. Mrs. P— appeared to be doing very well after this operation but within ten days she was complaining of severe pain in the foot and by March 28 the doctor noted that although the infection had not spread, "the foot was definitely worse, black and gangrenous". Two surgeons advised amputation above the knee which operation was performed on April 4, leaving the patient in fair condition afterwards.

The picture of the development of a slight infection, to the extent of a gangrenous condition so severe as to demand operative measures, is typical of the proneness of the diabetic patient to infection and the stubbornness with which this infection will probably respond to treatment.

One of the nursing problems connected with this case was regulation of elimination habits. It seemed difficult to maintain balance between constipation and diarrhea. Mrs. P— said that she had taken oil for many years and that the problem of elimination was an old one. I felt that she was taking more oil than was necessary, since most of the bowel movements were of a decidedly oily constituency which at times made complete collection of the twenty-four hour specimen of urine difficult. Had the giving of a bedpan been less hard on the patient, two bedpans, one for urine and the other for faeces, might have solved this problem. We did try the use of a large kidney basin for collection of urine but Mrs. P— did not feel safe in using this. I make no apologies for discussing the giving of the bed pan since, with this patient, it constituted a real problem. She had been accustomed to turning on her side and then being turned back upon the pan, but this proved to be a painful procedure because of the trepidation with which she permitted any handling of the left stump, which had to be supported while she was on the pan. Secondly, the end of her spine had developed tenderness, since the whole weight of her heavy body pressed upon this pressure point so constantly. To overcome this, we tried using a pad on the bedpan and I always tried to find a new pan, or one with as few chips as possible. Like most old women, my patient had very decided likes and dislikes and I felt I was wise to let her have her own way where it did not matter, and so to humour her when possible. For instance, she would take a notion that the fracture pan was easier to use than the regular bedpan, so we would try it for a few days, when she would change her mind and decide the regular type was easier after all. Again, she strongly disliked hospital gowns and always used her own flannelette nightgowns. We all have our little fads and fancies and I felt that with this old lady, these little comforts meant much to her and that she was entitled to the little bit of petting which she seemed to enjoy so much. On the other hand, I realized that it was dangerous to give in to her too much, as it sometimes seemed that she directed too completely what I did for her. I learned that in catering to her whims and allowing her to monopolize my time, I was being unfair to my other patient, whose need of that time was equally great although she demanded so little. I can see how experience would bring greater tact in handling such a situation.

It was particularly important that no crumbs or wrinkles be left in the bed as these made Mrs. P— very wretched. Pulling through the draw sheet as a part of afternoon care was a great relief to her, particularly since she perspired very freely. I was careful to massage the back well with alcohol and powder as part of the morning bath and to repeat this as part of the afternoon care. Keeping the patient clean and dry is particularly important in diabetes because of the danger of infection. This patient fortunately appreciated soap and water (she was proud of her own scented bath soap) and readily took the idea of a face cloth and a body cloth, a face towel and a body towel. Her skin was smooth and without blemishes so that it was a real pleasure to keep it in condition. At times she suffered great distress from an itchiness of the skin (pruritus) which I read is quite common in diabetes. Under the flannelette bandage about her waist, which supported the dressing on her stump, under a knot in her gown or wherever it found the excuse of any irritation, a skin rash would develop from scratching in an effort to appease this pruritus. To overcome this, we sometimes used soda bicarbonate in the bath water or applied calomine lotion after the bath.

Mrs. P— had a multitude of little pillows which she liked placed around her back and under her legs for further support, but she was unable to move her body when the left stump was thus supported, so in having her turn on her side, I had to remember to lift the clothes free of the legs and remove the little pillow. Her arms were very strong and she had great strength of body and so was able, with support only, to turn her body to the side of the bed and to balance there if she had something to hang on to. We found it convenient to move the bed so that she could reach the handle on the window, while at other times she supported herself by clutching the bedside table or the back of her chair. As I stood by, almost helpless, and watched her move her body in this way (for she was determined to help herself all she could) I marvelled at how well she succeeded and how well she could balance her body on the very edge of the bed. That fear of having a patient roll out of bed is one of the most nerve-racking experiences.

I have mentioned the irritation caused my patient by the weight of the bed clothes on her legs. To overcome this, the bed was made with a cradle at the foot and this proved useful when Mrs. P— was set up in bed because she felt more secure when she could hang on to the top of the cradle. Raising her in bed was a bit of a problem since, without legs, she could hardly press with her heels as she pulled with her hands on the head piece of the bed. I found it was easiest to assist her into a sitting position and then lift her back and up into the bed while still in a sitting position. From this position it took two of us to lift her into a chair and it was wiser to use a screen as she was still sensitive (though a bit proud too) of others seeing her legless body.

The effort of moving her in and out of the wheel chair was well repaid by the fact that a little change down the ward gave her something fresh to think about and at her age and in her condition, her mental outlook was perhaps more important to her well-being than her physical condition. So I believed it worth while to push her down where she could get a view of the garden with its flowers and trees and forget, for a few minutes, herself and her own wretched plight. I believe she resented the pitying glances of others in the long ward for she did not care to visit much. When the weather permitted, we took her to the balcony for an hour or two of sun and opened the bandage on her leg to allow the healing sun rays to warm up the little stump. The curative value of sun ray treatment is recognized in its power to disinfect. Moreover, my patient enjoyed it. We wrapped her up well, head, shoulders, abdomen and all, exposed the leg to the sun and served her meal on the balcony. Her most recent achievement is to propel the wheel chair all by herself.

I have been impressed with the value of occupational therapy in connection with the convalescence of this patient. Though it has been mere darning a few stockings she has shown interest in her little job and pride in doing it well, and I can see great value in keeping her supplied with work which will fill in the time and keep her happier. As is but natural, when she dwells on the problem of looking after herself in the future she frequently cries and feels sorry for herself. A certain moodiness is characteristic of her disease, particularly when the effect of the insulin is wearing off. Ordinary insulin wears off in about four to six hours, protamine lasts eight to twelve hours. I have noticed that these spells of depression often come before meals and this brings up another problem in the nursing care of a diabetic. The diet seldom permits full satisfaction of this craving for food; meals, no matter how daintily served or scientifically measured, seldom satisfy.

At the Toronto General Hospital, meals for diabetics are prepared by a trained dietitian in a special diet kitchen. The doctor's orders are interpreted by planning a daily menu as near the normal well-balanced diet as possible. Each item of a meal is listed according to the amount of protein, fat, or carbohydrate which it contains. If the protein total is short for the day, it is made up by added milk or some other form of protein; if the fat total is short, butter or some other form of fat is added. The dietitian makes frequent visits to the ward to confer with the patient about his diet, and his likes and dislikes are met as far as possible. These conferences are also opportunities to teach the patient something about food values. Nevertheless it is part of the nurse's job to be able to interpret diet meanings for the patient, whose complaints she must be ready to adjust as far as is in her power. For instance, if Mrs. P— still felt hungry after a meal, she could have more brans, or perhaps by getting her another cup of tea, without milk and with saccharine, she could be made to feel more satisfied. Broth (which has no food value) and coffee are served in mid-morning, and tea or coffee in the afternoon. The nurse may note any likes or dislikes on the menu from the diet kitchen. For instance, at supper one night Mrs. P— received half an apple. She was quite delighted, so I noted that on her menu slip. Since that time she has had several tastes of apple and they never fail to delight her. I would not have believed that getting or not getting food they like or dislike could make so great a difference in the happiness of our patients. This, I believe, is typical of the diabetic patient.

It is necessary that the diabetic patient eat all his meal, or as much as the nurse can get her patient to take, for the reason that the dietitian has carefully calculated just the amount of each kind of food necessary to that patient who is receiving a certain amount of insulin, just sufficient to "cover". Accurate account is kept of food returned on trays and what the patient failed to eat is shown on his chart. It is a problem to get the patient to eat all of a meal if, unfortunately, it consists of something he dislikes. Diabetes seems to make the patient very "picky and choosey". My patient dislikes beets but, as I pointed out to her, beets contain iron, sugar and mineral salts necessary to build her strength. Nevertheless she disliked beets. I tried mashing them up, I even tried disguising them as something else. Still my patient insisted that she disliked beets. I informed the diet kitchen but again she got them on a later tray. The beets disappeared to where I have discovered most food goes if you leave it with the patient and don't talk about it. In connection with the diet kitchen tray, I found it helped if I saw that my patient's own drinking cup (she was proud of it and would use no other) was on the tray in place of the regular thick cup from the kitchen. I helped her a bit with cutting the meat, pouring the tea and spreading the bread, but I learned that my actual presence during the meal was not necessary and that this time offered an excellent opportunity for charting my patient's temperature, pulse and respiration or setting up my sterile tray for her dressing.

I have not mentioned the problem of administering the daily dose of insulin. I was new at this job of giving insulin and my lack of confidence was apparent to my patient. This was bad. Lack of confidence spreads like an epidemic. If I haven't confidence in myself my patient loses confidence in me; I have learned this from this patient. I now try to be more sure of myself in an endeavour to "sell" confidence to her. She watches carefully to see that I handle the syringe without contaminating the needle: she notices that I wipe off the insulin bottle with alcohol; she wonders if the same needle that goes into other people goes into her—an opportunity here to teach her how to handle her own syringe and needles later. Always this daily administration opens fresh opportunities to teach what insulin is and why it is administered. If the patient herself does not question the nurse, then some neighbour does, and the nurse must explain frequently that it is an artificial substitute for a substance necessary to the body of the patient, but lacking there, and that if it were administered by mouth it would be chemically changed by gastric juices.

I feel that I have learned much more from this patient that I have been able to teach her. I doubt whether a woman of seventy-eight is teachable, but I have tried to stress the importance of regularity in bowel movements and the value of drinking more water, particularly when the urine is scanty, as in her case, and where larger fluid intake might help to increase bowel elimination without the necessity of using cathartics. I have pointed out the necessity of maintaining a strict diet, the value of insulin treatment, and of sunshine and fresh air. I have explained the danger of infections, such as colds, and tried to promote confidence in her doctors and their treatment of her case. I have told her about the way in which the social service department will assist her to adjust after hospitalization and have emphasized the necessity and opportunity of follow-up work, through regular reporting for blood tests and urinalysis and check-up of diet and insulin treatment, carried on by the diabetic clinic of the Out-Patient's Department.

Through an education programme, the public should be made to realize the value of periodic physical examinations. If this patient had had a blood test many years ago, when her diabetic condition was being developed, or had the diabetes, from which she suffered long before she was aware of her condition, been detected sooner, she might, through diet and insulin treatment, have so controlled it that the gangrenous condition in her feet which demanded amputation might have been avoided. Many diseases are more easily prevented than cured. I believe that the day of State medicine is coming and I am convinced that it would have been economy on the part of the State to have paid for a health examination for this citizen some years ago when she perhaps hesitated to pay a doctor for what then seemed a minor ailment—a sore toe. As it is, she will now probably become a public charge. A compulsory health examination might have saved her all her suffering and the State all the charge of her support for the rest of her life.

In regard to diabetes itself, the public needs to be enlightened. What is diabetes? How may it be controlled? What are the dangers of infection? What is insulin? Where may it be procured? A broadcast of the answers to these and like questions in which the public is vitally interested might prevent other slight infections from becoming amputation cases. Public health teaching is indeed required in order to impress upon the public the dangers of childhood diseases like scarlet fever, mumps and measles, which if neglected may so easily lead to serious chronic states. So often the attitude of the public toward these infections is "the sooner the better." Surely as public health nurses, we must stress the falsity of that belief and point out the serious results of these diseases and so aid in their prevention. Again many diabetics are obese, due to faulty diet. The teaching of nutrition, food values, proper planning of meals, would prevent much of this obesity.

In the future, hygienic living will receive greater stress in schools, and we may hope that some day it will not be necessary to wait until patients are sick in hospitals before teaching them how and what they should have avoided. It should be our aim to keep hospitals empty rather than to keep them filled, so the schools of the future will teach our young citizens how to live healthfully. They will early appreciate the value of fresh air, sunshine, pure food, good water, periodic health examinations, work, recreation and the peace of mind so necessary to the health of body. Very idealistic all this, no doubt, but at any rate an aim and a hope for days to come.

So to be more practical, let us return to the case of our patient — an illness which perhaps need never have been. Mrs. P—is to be prepared for leaving the hospital. What will her situation likely be? Obviously dependence upon somebody whose job in looking after this physically helpless one will not be enviable. She has a married son with a family. His wife has offered to assume the responsibility but does she realize what this will entail? It is probable that she is again pregnant, in which case she will be unable to do the heavy lifting which will be required. Mrs. P—has expressed the hope that "they" (the authorities) can find some place to put her for the summer. Here is a problem for the staff of our Social Service department who have already shown their interest by making a home call and by arranging to provide the patient with a dress to go home in. Quite pathetically, she confided to me that her son could not afford to get her anything, and her best dress is seven years old. The pride which makes her assume little airs and pretensions, whenever she speaks to the patients who are her neighbours about clothes and funds she hasn't got, is rather admirable—a very human little bit of frailty, this our patient, after all. Mrs. P— has an old age pension (twenty dollars a month) and as she looks at the Parliament Buildings she speaks of them as "the place her money comes from". At first I wondered how many thousands she had stored up in bonds.

The social service nurse hopes to be able to obtain a wheel chair and has already promised that scales will be available. Free insulin is supplied by the Ontario government if patients are unable to provide their own. It will be necessary for Mrs. P—to return to the outpatients department for frequent check-up and for the examination of blood and urine for sugar. The diet kitchen will co-operate in revising diets if the doctor orders a change. The outpatients department works with the social service department and the social service nurses are thus able to give advice about diet and further lessons in giving insulin if necessary. They help in watching the blood sugar reports and by personal calls or by telephone admonish the patient to stay with the diet treatment. The contact between patient and hospital is thus well maintained as is evidenced by the large number of old patients who return to the wards on outpatient department days.

While a patient is still on the ward, the social service nurse detailed to ward work visits the patient in order to discover any problems related to adjustment after discharge. Frequently, when the patient has no place to go, suitable accomodation during convalescence is arranged through the social service department. In other cases the social service nurse handles such matters as transportation or other arrangements regarding the re-orientation of the patient. At any rate the patient is not turned out of hospital unaided at a time when he is not yet able to forage for himself.

Before she leaves the ward, the head nurse will explain about the insulin and show the patient how to administer it. This training is sometimes given to a friend or relative who will assume this responsibility. The patient is taught where to get the insulin, how to keep it in a cool place, how to keep the syringe clean, how to care for the needles, how to insert the needle, how to wipe off the skin with alcohol. Every patient leaves the ward with a syringe which she either buys or has supplied through the social service department. The patient is referred to the out-patient department by an appointment card and is urged to attend regularly and bring a urine sample. Then the patient and her friend visit the diet kitchen where again the dietitian explains the diet and provides a printed set of instructions including diabetic recipes and an equivalent sheet which shows other choices of food to replace those listed on the sample menu. In this way the patient is prepared to carry on at home with the treatment proven satisfactory during that stay in hospital which for the dabetic has been a training period.

I should not expect a patient like Mrs. P—to live long; she is already seventy-eight. Our problem, as I see it, is to make her as comfortable as we can as long as we can which means we must keep her happy by keeping her busy (occupational therapy) and relieve her of mental strain by assuming as many of her responsibilities as we can without depriving her of her self-esteem. One danger is too much help from the social service department to those who can and should help themselves. We must keep her free from pain by the use of our medical and nursing skill, and so the various departments in this great Hospital all co-operate in an endeavour for the patient's welfare.

Notes From the National Office

Contributed by **JEAN S. WILSON,**

Executive Secretary, The Canadian Nurses Association

National Enrolment for Emergency Service

The Committee on National Enrolment for Emergency Service of the Canadian Nurses Association prepared for the fall meeting of the Executive Committee a summary of methods used in securing the enrolment quota of registered nurses in each province, that quota having been set by the National Joint Committee of the Canadian Nurses Association and the Canadian Red Cross Society. For the information of the membership at large, the methods used are enumerated herewith:

Alberta:

Through co-operative measures by the Alberta Association of Registered Nurses and the Provincial Red Cross Society the enrolment quota of 170 has been exceeded and now stands at 191 members. This excellent result was secured by enrolment forms and information pamphlets being sent to each member of the Alberta Association of Registered Nurses. Each new registrant receives an enrolment form with her certificate of registration.

British Columbia:

An enrolment form and letter are sent to each new registrant and a reminder regarding annual re-enrolment is sent out with notices of membership fees due to the Registered Nurses Association of British Columbia each year.

New Brunswick:

Superintendents of training schools in the Province form the provincial committee. Interest in enrolment for emergency service is thus promoted through the personal contact of the Superintendents with registered nurses in their respective communities. Enrolment in New Brunswick is more than double the required quota.

Nova Scotia:

Through the co-operation of the Superintendents of training schools and Presidents of Alumnae Associations in the province, enrolment of nurses for emergency service has been successfully increased. Nova Scotia now has an enrolment of 70% of the provincial quota.

Ontario:

A close personal canvass is undertaken by members of the provincial committee who also address the larger schools of nursing. The Assistant Inspector of Training Schools has co-operated in this work.

Prince Edward Island:

At each annual meeting of the Registered Nurses Association of Prince Edward Island, the members are encouraged to enroll. Later, the Provincial Secretary visits the schools of nursing in this regard. Prince Edward Island has attained 66⅔% of the provincial quota.

Quebec:

In the effort to stimulate enrolment, each new graduate is sent an application form for enrolment; each school and group of nurses is circularized once each year; requests are issued to all alumnae associations to include a discussion on enrolment at least once a year. The registrar, in her capacity as school visitor, visits all parts of the Province once a year when talks on enrolment are given to groups of nurses and application forms left with them at the conclusion. Opportunities are provided for nurses to enrol during the two-day sessions of the annual meeting and the value of enrolment is stressed by the President in her address and by the Registrar in her report.

Saskatchewan:

In the cities of Regina and Saskatoon, individual nurses have undertaken to place the question of enrolment before others personally with the result that enrolment has doubled in both cities. Saskatchewan's enrolment is 88% of the provincial quota.

The Canadian Hospital Council

Following the Biennial Meeting of the Canadian Hospital Council, the Canadian Nurses Association was advised of two resolutions passed by the Council, namely:

1. *Be it resolved*:

That this Council record its approval of the efforts which have been put forth by the Canadian Nurses Association to provide a curriculum for schools of nursing education; furthermore the Canadian Hospital Council commends it as a basis for a revised curriculum.

2. *Be it resolved*:

(1) That this Council endorse the action taken by the Canadian Tuberculosis Association in its efforts to determine whether the tuberculosis risk in hospital contact is greater to those who enter nursing service as non-reactors to tuberculin than to those whose reactions are positive, inasmuch as the information gathered may determine the advisability of the universal adoption of the use of B.C.G., or other immunizing vaccine;

(2) That the committee now studying the proposed new curriculum of nursing education so arrange the course that no nurse will enter the wards to give attention to any patient until such time as the school management is convinced that every nurse in training has had sufficient knowledge of communicable diseases and the dangers associated therewith that she can properly guard herself against infection.

(3) That every hospital either establish a system whereby every patient upon admission be placed on "precautions" until such a time as the attending physician certifies that the patient is free of infective tuberculosis or other communicable disease, or some form of chest service be established in each hospital for the purpose of early diagnosis of a concurrent tuberculosis.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

British Columbia:	
Nursing Staff, Hazelton Hospital	$ 5.00
Manitoba:	
Graduate Nurses Association, The Pas	2.00
Quebec:	
Montreal Graduate Nurses Association	10.00
A.A. Homeopathic Hospital, Montreal	10.00

R.N.A.O. ARCHIVES

The Committee on Archives for the Registered Nurses Association of Ontario (formerly the Graduate Nurses Association of Ontario) is collecting material for its records. If any members of the profession have material such as old reports, programmes of meetings or refresher courses, group photographs, etc., which they would donate, the Committee will be grateful if such contributions are forwarded to the Secretary of the Association, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto, Ontario.

NEWS NOTES

BRITISH COLUMBIA

Vancouver: The nursing associations of Vancouver recently combined forces to sponsor a successful bridge and dance. Arrangements for the affair were in the hands of a committee composed of representatives from St. Paul's Hospital Alumnae Association, Vancouver General Hospital Alumnae Association and the Vancouver Graduate Nurses' Association. The proceeds will be added to the fund used to increase employment among nurses by supplying nursing care to the sick poor.

Miss Louise Lore has recently been appointed public health nurse and social worker of the Vancouver Chinese Health League. Miss Lore is one of the first Chinese nurses to graduate from the Vancouver General Hospital and the public health course at the University of British Columbia.

Married: On October 28, 1937, Miss Beatrice Alice Barker (St. Paul's Hospital, 1935) to Mr. John Warren Lane.

Married: On October 16, 1937, Miss Marjorie Constance Laidlaw (St. Paul's Hospital) to Dr. Adam Nichol Beattie.

Married: On October 9, 1937, Miss Doris J. Barton (Vancouver General and University of B. C., 1935) to Mr. John Ferrier Ross.

Married: On October 6, 1937, Miss Wilma Minerva Cameron (Royal Columbian Hospital, New Westminster) to Mr. Alexander Beggs.

Married: On October 2, 1937, Miss Eileen A. A. Hiles (Vancouver General Hospital) to Mr. George F. Kelly.

Married: On October 6, 1937, Miss Doris Olive Elsey (St. Joseph's Hospital, Victoria) to Mr. Daniel Lunn.

MANITOBA

Brandon: The November meeting of the Brandon Graduate Nurses Association was held on November 2, in the Nurses' Residence of the Brandon Hospital for Mental Diseases. Following the business meeting, the president, Miss V. Vance, introduced the guest speaker, Dr. Brian Bird, who gave a very interesting address on the treatment of schizophrenia by insulin shock therapy. A social hour followed.

NEW BRUNSWICK

Saint John: The October meeting of the Saint John local Chapter of the New Brunswick Association of Registered Nurses was held with the president, Miss A. Carson, in the chair. Miss Helen Lynch read an interesting report of the annual meeting of the Provincial Association held recently in Saint Stephen.

Saint John: The October meeting of the Saint John General Hospital Alumnae Association was held at the Nurses' Residence with the president, Mrs. F. M. McKelvey, in the chair. Miss J. Hemphill, delegate to the annual meeting of the New Brunswick Registered Nurses Association, read an interesting report. Following the business meeting a social hour was enjoyed.

Miss Velma Crawford (S. J. G. H., 1935) has been appointed to the staff of the Provincial Hospital, Saint John. Miss Georgina Achenson, a graduate of the School of Nursing of the Kingston General Hospital, has been appointed night suvervisor at the Saint John General Hospital.

Married: Recently, Miss Helen Chetley (S.J.G.H., 1935) to Mr. Freeman Hartland Mowry.

Married: Recently, Miss Hazel McCumber (S. J. G. H., 1934) to Mr. Joseph Vanstone.

Married: Recently, Miss Vivian Colpitts (S. J. G. H., 1932) to Mr. Walter Pearce.

Married: Recenly, Miss Ruth Cobham (S. J. G. H., 1936) to Mr. Alton Dunbar.

NOVA SCOTIA

Colchester: The annual meeting of the Colchester Branch, R. N. A. N. S., was held on October 8. New officers were appointed to replace those who left the county. Miss Ethel Duncan gave an account of the Provincial Annual Meeting in Amherst to which he was sent as a delegate. Miss Hilda MacDonald told of her attendance at the International Congress.

Miss Muriel Hunter (M. G. H., 1930) has been transferred from the Lunenburg branch of the V. O. N. to Woodstock, N. B., where she will organize a new V. O. N. branch. Miss Edna Harvey, a graduate of the Chipman Memorial Hospital, St. Stephen, has taken over the work at Lunenburg. Miss Christine Charters has been transferred from Halifax to the Liverpool branch of the V.O.N.

Halifax: The regular meetings of the Halifax Branch of the R. N. A. N. S. were begun for the season on October 12 at the Dalhousie Health Clinic. Miss V. Winslow, the president, was in the chair. Of special interest was a report from a former, but now non-existent, sick benefit committee of registered nurses telling of a suprize fund which was donated to the Halifax branch to be forwarded to the Florence Nightingale

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Memorial fund in memory of services rendered to nurses by the late Hector McInnes, K.C. The usual subscription to the Halifax Community Chest fund was granted and Miss G. MacKenzie and Miss J. Watkins were appointed to represent the Association on the Local Council of Women. The special speaker was Dr. Jessie Findlay, vice-Principal of the Women's Medical College, Vellore, South India, who talked in a most interesting manner of her work and showed slides of the beautiful college buildings, the staff and the nurses.

HALIFAX: The graduation exercises of the School of Nursing of the Victoria General Hospital were held recently, the graduating class numbering 22 of whom 3 are at present taking postgraduate courses. The Alumnae Association prize for general efficiency was won by Miss Georgia Byers who is taking a postgraduate course in tuberculosis at the Laurentian Sanatorium, Ste. Agathe Monts, Que. The St. Mary's Clergy Gold Medal for highest marks was awarded to Miss Helen Watson, who is at present on the staff of the Eastern Kings Memorial Hospital, Wolfville. The Alumnae Association of the Victoria General Hospital gave a delightful dinner at the Nova Scotian Hotel in honour of the class. Toasts were given by Miss Jean Livingstone, Miss Dorothy MacLeod and Miss Christine MacDonald, members of the graduating class and the toast to the class was given by Mrs. W. D. Forrest. Miss Strum, superintendent of nurses, gave a short sketch of her trip to the International Congress.

Married: On October 23, 1937, Miss Eva Wheaton (V. G. H., 1936) to Mr. Ronald Purdy.

Married: On October 16, 1937, Miss Marjorie Donaldson (V. G. H., 1933) to Mr. Lawrence MacRae.

Married: On September 4, 1937, Miss Marretta Campbell (V. G. H., 1932) to Mr. Ross Murray.

Married: In October 1937, Miss Maude Leone Wright (V. G. H., 1930) to Mr. Russell Gavenlocke.

Married: In October, 1937, Miss Annette D'Eon (St. Martha's Hospital, Antigonish, 1935) to Mr. Edward McBride.

HALIFAX: At a meeting of the Halifax Infirmary Alumnae Association the superintendent of nurses gave a talk on the highlights of the Canadian Hospital Council which was held recently at Ottawa. Plans for a bridge and dance were discussed, Mrs. W. S. P. Gow being elected as convener of a capable committee to make the arrangements. A social hour followed.

Miss B. Cameron is doing postgraduate work in the Neurological Department of the Royal Victoria Hospital, Montreal.

Married: Recently, Miss Genevieve Flemming to Mr. William Sydney Gow.

Married: Recently, Miss Grace Hurst to Mr. Earl Caill.

ONTARIO

District 1

WINDSOR: The fall meeting of District 1, R. N. A. O., was held at the Hôtel-Dieu Hospital, Windsor, on Oct. 9 with the chairman, Miss Mabel Hoy, presiding. Devotional exercises were conducted by Rev. H. M. Long-Ford and Rev. Father W. E. Dillon. Mayor Wigle extended a welcome to the nurses, and Dr. Douglas Wigle, in bringing greetings from the Essex County Medical Association, stressed the need for a greater spirit of unity among all registered nurses, advocating a larger membership and more frequent meetings for study purposes. Reports of committees were given and it was proposed that a one-day refresher course be held in each centre of District 1 for the study of poliomyelitis later this fall. Miss Priscilla Campbell, superintendent of the Public General Hospital, Chatham, gave a graphic account of the International Congress which she attended in London. Dr. Fred Adams, Medical Officer of Health, Windsor, spoke on poliomyelitis and described the diagnosis and treatment of infantile paralysis. The members of the Executive were entertained at a delightful luncheon by the Grace Hospital staff. Following the afternoon session, the visiting nurses were entertained at tea by the Metropolitan Hospital staff.

District 1

LONDON: Miss Jean Aikenhead, who has been a member of the City Welfare Staff for the past two years has been appointed to the Provincial Staff of the Ontario Department of Health and will be stationed at Alexandria as supervisor for two counties. Miss Marjorie Rutherford has been given a year's leave of absence from the staff of the Ontario Department of Health to work with the Society for Crippled Children in follow-up work in the recent cases of poliomyelitis. Both of these nurses are graduates of the Victoria Hospital and of the Public Health Division of the University of Western Ontario.

Married: Recently Miss Mitzi Sewell (V. H., 1931) to Dr. Wm. Mosher.

ST. THOMAS: The Alumnae Association recently entertained the members of the graduating class of the Memorial Hospital at a banquet and masquerade. Mrs. Norman Miller (née Lucille Armstrong) and Mrs. Gordon Wimbush (née Jessie Grant), former superintendent and assistant superintendent, were honoured guests.

District 4

HAMILTON: The executive committee of the Hamilton General Hospital Alumnae Association was honoured to have as their guest Miss Ethel Johns, editor of *The Canadian Nurse,* at a dinner party given at the Royal Connaught Hotel on October 4. Miss Johns afterwards addressed the Alumnae Association. About two hundred members and guests were present and tea was served at the close of the meeting.

Miss A. Stafford, Miss M. Hughes and Miss J. Lindsay all of the H. G. H. have been appointed to the Hospital staff. Miss C. Lelew, Miss D. Thompson and Miss D. Lautenschlager (H. G. H.) have enrolled at the University of Toronto in order to take the course in public health nursing. Miss Callander (H. G. H.) is leaving for South America where she will carry on medical missionary work. Miss Sheila DeLacy (H. G. H., 1935) has left for a vacation in Florida. Miss E. Ewart has resigned her position on the staff of the Hamilton General Hospital to take up her new duties as instructress at the Guelph Hospital.

Married: Recently, Miss Ruth Talman (H. G. H.) to Mr. R. Groom.

Married: Recently, Miss Grace Simpson (H.G.H.) to Mr. Wm. Biglow.

Married: Recently, Miss Jean Nichol (H. G. H., 1932) to Mr. Uriel Smith.

ST. CATHARINES: The annual meeting of the Alumnae Association of the Mack Training School was held recently at the Leonard Nurses' Home. The following officers were elected for the coming year: Honorary presidents, Misses Hughes, Kelman and Wright; president, Miss Nell Hod-

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gins; first vice-president, Miss F. McArter; second vice-president, Miss D. Lindsay; secretary, Miss M. Slingerland, Leonard Nurses' Home; treasurer, Miss Grace Lewis; committee conveners: social, Miss E. Fischer; visiting, Miss A. Hoare; programme, Miss N. Nold; representative to *The Canadian Nurse,* Miss E. Purton; nominating, Miss Ebbage and Miss Featherstone; chairman, private duty section and correspondent to *The Canadian Nurse,* Miss Stella Murray. Interesting addresses on group insurance for nurses and the proposed educational programme for private duty nurses were given. Arrangements were made to hold refresher courses for private duty nurses at the Mack Training School. At the next meeting, a demonstration of new hospital equipment and procedures will be given.

District 5

TORONTO: The fall meeting of District 5, R. N. A. O., was held on Oct. 16 at the Toronto Hospital for Consumptives, Weston. About 135 nurses attended both the afternoon and evening sessions. Through the courtesy of Dr. Dobbie and Miss Wilkinson, the nurses enjoyed a pleasant as well as a profitable day. High tea was served in the residence dining-room and members were glad at this time to have an opportunity to hear Miss Jean I. Gunn present a few highlights of the I. C. N. Congress. The sessions were given to the study of tuberculosis, and included an address by Dr. W. E. Ogden, chest specialist of the Toronto Western Hospital, on the subject "Could we abolish tuberculous disease — even among nurses?" He illustrated his findings by lantern slides. A group of nurses presented a two-act play "It need not have been" which was written by Miss Maud E. Wilkinson, depicting the correlation of effort in the treatment and prevention of tuberculosis.

Membership in District is now 919. The district expects to call its next meeting early in December.

TORONTO GENERAL HOSPITAL: Rarely does an alumnae meeting have such a large and enthusiastic attendance as did the October meeting of the School of Nursing of the Toronto General Hospital. The room was crowded to capacity as Miss Jean I. Gunn and other members described the highlights and many of the interesting details of the International Congress to some 250 members and guests. Lantern slides, made from actual snapshots, shown and interpreted by Miss Gunn afforded the audience a real opportunity of sharing the experience of those who attended the congress. It was a treat indeed actually to see the Canadian delegates chatting informally with those of other countries, to have glimpses into the various receptions and to see at close range Embley Park, the home of Florence Nightingale. Miss Edna Moore, who also represented the Alumnae at the Congress, told of the enterprise in health work of Sutherland County, Scotland. Miss Sadie Williams and Miss Edna Howey, who spent last year at Bedford College, told something of their year's experiences. Guests of the evening included Miss Daisy Bridges, of London, England, Miss Almadovar of Porto Rico, Miss Miranda and Miss Salgado of Mexico, all of whom are doing postgraduate study at the School of Nursing of the University of Toronto.

The private duty group of the Association are planning an interesting programme for the coming year. Practical demonstrations are being planned, with the medical and surgical supervisors of the departments concerned, in charge.

District 6

PETERBOROUGH: The annual meeting of District 6 was held at Port Hope on Oct. 27, with Miss Edith G. Young of Peterborough presiding. Members present included representation as follows: Cobourg, 8; Port Hope, 10; Belleville, 3; Peterborough, 24. The business of the evening included the election of officers for the following year and a résumé of the activities of the district. The special feature of the evening was a most interesting address by Miss Cory Taylor, assistant director of the Junior Red Cross. The subject of her lecture was "Highlights of the International Congress", and was illustrated with lantern slides of pictures taken by herself. We felt that we had enjoyed at least one evening at the Congress ourselves. The meeting closed with a recitation by Miss A. Oliver of Port Hope, following which the nurses were entertained by the staff of the Port Hope General Hospital.

Married: Recently, Miss Ruby Wilson (Nicholls Hospital, 1933) to Mr. Palmer Howder.

Married: Recently, Miss Myrtle Jones (Nicholls Hospital, 1933) to Mr. Lloyd Graham.

District 8

PEMBROKE: The autumn meeting of District 8, R. N. A. O., was held on October 16 at Pembroke. The morning session was devoted to reports and other business. A luncheon followed at which the guest speaker was Rev. Dr. MacIntosh, pastor of Wesley United Church. The features of the afternoon session were the reports of the International Congress given by Miss Jean Church, Miss Effie McIlraith and Miss Edith Stevenson which were much enjoyed by all present. A most instructive address entitled "A psychologist discusses mental health" was given by Miss Ruth McConnell, B.A., psychologist with the Provincial Health Clinic, Brockville. Tea was served by the Alumnae Association of the Pembroke Cottage Hospital.

Ottawa Civic Hospital: The fall meeting of the Alumnae Association of the Ottawa Civic Hospital was held on October 22. The guest speaker was Mrs. Killick, private secretary to the Governor General, who gave a most interesting talk on "The private life of the Governor General".

Married: On October 16, 1937, Miss Priscilla G. Irish (O.C.H., 1930) to Mr. R. S. Dunbar.

Married: On October 27, 1937, Miss Gretta May MacLeod (O. C. H., 1930) to Dr. Robert Keith Muir.

Married: On October 2, 1937, Miss Elida S. Lewis (O. C. H., 1931) to Mr. Leonard W. Allen.

Married: Recently, Miss Mary E. Lunam (O. C. H., 1931) to Mr. Robert McGibbon.

Married: Recently, Miss Gladys V. Alford (O. C. H., 1932) to Mr. Ronald Fulton.

Married: Recently, Miss Erva M. Buder (O. C. H., 1932) to Mr. Marvin Edmunds.

Married: On October 2, 1937, Miss Eleanor D. Fletcher (O. C. H., 1933) to Mr. Harry Miller.

Married: On October 5, 1937, Miss Marjorie E. Smith (O. C. H., 1934) to Dr. Thomas Glen Stoddart.

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Married: Recently, Miss Hazel Gilmour (O. C. H., 1935) to Mr. James Gordon Erratt.

Married: Recently, Miss Gertrude R. Kosowatsky (O. C. H., 1936) to Mr. Harry Lazare.

Married: Recently, Miss Eileen Larkin (O. C. H., 1936) to Mr. Frederick L. Stevens.

Married: On October 1, Miss Winona M. Hodgins (O. C. H., 1936) to Mr. William F. Kirkpatrick.

OTTAWA GENERAL HOSPITAL: Nurses engaged on special cases at the Ottawa General Hospital are now working on the eight-hour system which was adopted recently. The regular staff of nurses at the hospital are not affected by the change.

Miss Belier, a graduate of the School of Nursing of the Ottawa General Hospital, has been appointed to the position of assistant superintendent of nurses at the Strathcona Hospital, Ottawa.

OTTAWA: The St. Luke's Nurses Alumnae Association held a well-attended meeting recently at the home of Miss Grace Wood. Miss N. Lewis presided and Miss Grace Wood, secretary, and Miss Diana Brown, treasurer, read reports. Miss Effie McIlraith gave an interesting paper on her trip to London where she attended the International Congress. A social hour followed.

District 9

GRAVENHURST: The following members have been appointed to the executive committee of the Gravenhurst Chapter of District 9: President, Mrs. E. Bunn; vice-president, Mrs. Payne; secretary-treasurer, Mrs. S. Bird; finance convener, Mrs. E. McKnight; entertainment convener, Mrs. D. Baine; programme convener, Miss A. McKnight.

Miss Ethel Rainer attended the International Congress and was particularly impressed by the marvellous efficiency shown in organizing the Congress. She attended the various social functions as well as the public health sessions. Miss Rainer gave a spirited account of her London adventures at the October meeting of the Chapter. We are proud to have had so able a representative in London.

TIMMINS: A nurses' residence with 54 rooms is under construction at St. Mary's Hospital, the hospital accommodation will then be increased to 125 beds. A class of 11 students was recently admitted to St. Mary's School of Nursing.

Miss Lillian Ross, a graduate of the School of Nursing of the Winnipeg General Hospital, has been appointed provincial district inspector of Mothers' Allowance and Old Age Pensions for Northern Ontario and has taken up residence in Timmins. Miss Opal Shaw, who recently graduated from St. Mary's Hospital, is taking the Public health nursing course at Western University, London.

Married: Recently, Miss Viola Roy (S. M. H., 1929) to Mr. C. Laforest.

Married: Recently, Miss Marie Sullivan (S. M. H., 1934) to Mr. Ernest Burnett.

Married: Recently, Miss Beatrice Leck (S. M. H., 1935) to Mr. Wm. Mair.

District 10

Fort William: The regular meeting of District 10, R. N. A. O., was held at the McKellar Hospital on October 7 with the president, Miss Gladys Young presiding. Miss Marie Buss, superintendent of nurses at the Fort William Sanatorium, was appointed chairman of the nominating committee. A report of the Board of Directors' meeting was given by the chairman. Dr. Blatchford, of Fort William, gave a most interesting talk on his trip abroad and also showed moving pictures. A social hour followed.

QUEBEC

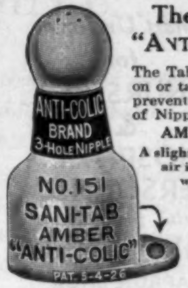
Montreal General Hospital: The following appointments have been taken place at the Central Division:

Miss K. L. Annesley (M. G. H., 1928) has recently been appointed clinical instructor and supervisor in connection with the Teaching Department. Miss Joan L. Gray and Miss Annie B. McLauchlan (M. G. H., 1937) have recently been appointed to the operating room staff. Miss Kathleen MacDonald and Miss Annette Post (M. G. H., 1937) have been appointed assistant head nurses in the private wards. Miss Isabel Snider (M. G. H., 1937) has joined the night staff as assistant supervisor. Miss Carmel Marshall (M. G. H., 1937) is now assistant head nurse in the Eye, Ear, Nose and Throat Ward.

Married: On October 29, 1937, Miss Dorothy I. Hobson (M. G. H., 1934) to Mr. James Peter Landon.

Married: On October 9, 1937, Miss Lulu Grace Israel (M. G. H., 1935) to Mr. James H. Kirk.

Montreal: Royal Victoria Hospital: Miss B. Hewitt (R. V. H., 1919) has resigned as night supervisor of the Women's Pavilion and is succeeded by Miss R. Fair



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(R. V. H., 1936). Miss A. Darling (R. V. H., 1936) has been appointed assistant night supervisor of the Ross Pavilion. Miss S. Rusted (R. V. H., 1935) who has been in the department of physiotheraphy has resigned and is replaced by Miss M. Fenwick (R. V. H., 1936).

Miss C. MacKinnon (R. V. H., 1936) is taking a postgraduate course at the Rockefeller Institute, New York. Miss E. Bennett (R. V. H., 1937) is taking a course in the X-ray department.

Married: Recently, Miss Catherine Davison (R. V. H., 1931) to Mr. William A. Rooke.

Married: Recently, Miss Edith A. Benvie (R. V. H., 1931) to Mr. Harold Cunningham.

Married: Recently, Miss Amy G. Howitt (R. V. H., 1935) to Mr. A. C. Dunbar.

Married: Recently, Miss Frances deButts (R. V. H., 1934) to Dr. H. Davis Chipps.

MONTREAL: Miss Marguerite Bateman (C. M. H., 1933) is taking a postgraduate course at the Psychiatric Hospital in Toronto.

Married: Recently, Miss Hazel Austey (C. M. H., 1932) to Mr. Roy Riddell.

Married: Recently, Miss M. MacCallum (Homoeopathic Hospital) to Dr. J. Smit.

QUEBEC: The annual meeting of the Alumnae Association of the Jeffery Hale's Hospital was held on November 1. The officers for the ensuing year are as follows: Honorary president, Mrs. S. Barrow; president, Miss M. Lunam; first vice-president, Miss N. Martin; second vice-president, Miss E. McCallum; recording secretary, Miss P. Rand; correspondent secretary, Miss M. Fischer; treasurer, Miss E. McHarg; committee, Miss D. Ross, Mrs. H. Buttimore, Miss Imrie, Miss C. Kenndey, Miss Nesta Anderson; sick visiting committee, Mrs. S. Barrow, Mrs. W. Fleming, Mrs. Drysdale; refreshment committee, Miss N. Anderson, Miss R. Christie, Miss MacIver; representatives of private duty section, Miss Elsie Walsh, Miss M. Fife; representative to *The Canadian Nurse,* Miss Gladys Weary.

The graduating exercises of the School of Nursing took place recently. The Right Rev. P. Carrington and Dr. Carter gave interesting addresses. Mrs. Barrow, former lady superintendent, presented the pins. The evening came to a close with a delightful dance. The previous evening, the Alumnae Association entertained the graduating class at a dinner at the Château Frontenac, at which Miss Jenkins, lady superintendent of the Children's Memorial Hospital, was the guest speaker.

Several of the "old graduates" visited the Jeffrey Hale's Hospital and their old classmates recently. Among them were: Mrs. Kane (M. Percell, J. H. H., 1906) of New York; Mrs. R. Shreve (E. Glass, J. H. H., 1918) of Halifax; Mrs. Riddle (L. Caron, J. H. H., 1918) of Arvida; Mrs. Gavel (M. Gardyne, J. H. H., 1921) of Montgomery Centre, Vermont; Miss M. Allison (J. H. H., 1934) of Joyce Memorial Hospital, Shawinigan Falls.

The staff of the J. H. H. gave a miscellaneous shower in honour of Miss Rawland whose marriage took place recently.

Married: Recently, Miss M. Rawland (J. H. H., 1936) to Mr. P. Rolleston.

Married: Recently, Miss M. West (J. H. H., 1926) to Mr. Charles Miller.

Married: Recently, Miss E. Cruickshank (J. H. H., 1935) to Mr. R. Annesley.

. . . OFF . . . DUTY . . .

A gloomy philosopher once said . . . that he had never known . . . a happy day . . . but by way of extenuation added . . . that he had spent many a pleasant hour . . . While meditating on this theme . . . it suddenly struck us . . . that most of our most cherished memories . . . are linked up with good things to eat . . . We realize that this stamps us . . . as a grovelling and earthbound soul . . . but we can't help it . . . About the first thing we remember . . . is having the measles . . . and being presented with a gleaming glass dish . . . containing amber transparent quivering calves-foot jelly . . . To this day we can feel its coolness . . . sliding gently down . . . our sore hot little gullet . . . Did you ever try cockles . . . sold from a barrow . . . in a saucer . . . with a little vinegar and pepper . . . or pick out the elusive winkle with a pin? . . . Low tastes of course . . . so let us seek higher things . . . how about crêpes Suzette at Foyot's? . . . or sucking pigs . . . roasted with herbs . . . as they do them in Transylvania? . . . Don't imagine you have ever tasted a Canadian partridge . . . until you have picked him sizzling . . . from the cleft stick . . . on which he was roasted . . . before a camp fire . . . To get his full flavour . . . you hold him with your fingers . . . and if a pine needle or two drops on him . . . no harm is done . . . In the Deep South . . . we learned to chew raw sugar cane . . . and in the Far North . . . we dug frozen low-bush cranberries . . . from under the snow in the muskeg . . . sprinkled sugar on them . . . and felt them burst . . . in delicious prickles . . . against our palate . . . Do you like duck . . . cooked Chinese fashion . . . and served with tender shoots of bamboo? . . . We only encountered this once . . . in its full splendour . . . and were sadly handicapped . . . by having to manipulate it with chopsticks . . . A steaming Mexican tamale . . . wrapped in green corn husks . . . is a wayside adventure in itself . . . and so is the homely hot dog . . . We have a friend . . . who can take a cauliflower . . . and tomatoes . . . and cheese . . . and green peppers . . . and from them evolve something in a pyrex dish . . . which is food for a king . . . When you go to Italy . . . be sure to sit under a vine-covered pergola . . . heavy with purple grapes . . . and sip hot zabiglione . . . a glorified egg-nogg . . . which we can't spell . . . but can still taste . . . The queer thing is . . . that every one of these noble dishes . . . recalls a landscape . . . and people . . . sight and sounds and smells . . . all of them healthy and good . . . After all, Christmas need lose nothing of its spiritual quality . . . because it is a Feast . . . Did not He for whom it is named . . . choose to be held in remembrance . . . by His humble creatures . . . of Bread and Wine .

E.J

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Alumnae Associations

ALBERTA

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THE CANADIAN NURSE

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